41c 804
CATALOGUED
APR 25 1949
493

The JOURNAL of Phi Rho Sigma

BOSTON
OCT 25 1947
MEDICAL LIBRARY

VOLUME 43 SEPTEMBER, 1947 NUMBER 1

ROSCOE L. SENSENICH, M. D.
President-Elect of the American Medical Association

At the Centennial Celebration of the American Medical Association held in Atlantic City in June of this year, Roscoe L. Sensenich, Gamma Chapter, Phi Rho Sigma, was chosen as President-Elect of that great American organization. This was a fitting reward given to a man who is outstanding in American Medicine.

Doctor Sensenich, a native of Indiana, graduated at Rush Medical College in 1905 and served internships at the Presbyterian and St. Joseph's hospitals in Chicago. His internship was followed by further graduate study in this country and abroad. He entered the practice of medicine at South Bend, Indiana, and has remained there ever since. He is Chief of the Department of Internal Medicine at the South Bend Memorial Hospital and is also President of the Board at St. Joseph's Tuberculosis Hospital, a member of the staff at St. Joseph's Hospital and Director of the South Bend Medical Laboratories. He is certified by the American Board of Internal Medicine as a specialist, is a Fellow of the American College of Physicians, a member of the Central Society for Clinical Research and a member of Alpha Omega Alpha. He is a Past President of the St. Joseph County Medical Society, the Indiana State Medical Association and the Indiana Tuberculosis Association. Doctor Sensenich has long been active in national medical affairs and was a member of the House of Delegates of the American Medical Association continuously from 1931 to 1937, at which time he was elected a member of the Association's Board of Trustees. He became Chairman of the Board in 1945 and remained as such until he was made President-Elect.

ROSCOE L. SENSENICH, M. D.

During World War I Doctor Sensenich served with distinction in the Medical Corps of the United States Army, attaining the rank of Major and with duty as Chief of the medical service at an Army Base Hospital. During World War II he was a member of the National Committee on Allocation of Medical Personnel to the Armed Forces and also served in an advisory capacity to several other wartime committees.

Doctor Sensenich has given an enormous amount of time and energy at great personal sacrifice to the organized work of American Medicine. He possesses a keen, logical mind which, after balancing all the facts, arrives at a reasonable and well thought out conclusion. He is a man who inspires confidence in others and possesses the qualities that are sometimes referred to as "leadership." Phi Rho Sigma has every right to be proud of the fact that one of its alumni members has been elected to the highest office in the gift of the medical profession of America. We can all share in the reflected glory of having one of our number thus honored on the basis of sheer ability.

GEORGE F. LULL, M. D.
Secretary and General Manager,
AMERICAN MEDICAL ASSOCIATION
Member, Rho Chapter, Phi Rho Sigma.

"I heartily accept the motto.—'That government is best which governs least'; and I should like to see it acted up to more rapidly and systematically. Carried out, it finally amounts to this, which I also believe,—'That government is best which governs not at all'; and when men are prepared for it, that will be the kind of government which they will have."
—Henry David Thoreau (1817-1862)

Dr. Christian Honored by A. M. A.

Dr. Henry A. Christian, Nu Chapter, of Boston, Massachusetts, was awarded the Distinguished Service Award of the American Medical Association at its meeting in Atlantic City June 9th to 13th, 1947.

To Dr. Christian this is perhaps just another of a long list of honors and prizes which an active professional life has accustomed him to receiving, but it does represent the highest mark of professional recognition the American Medical Association can bestow, and as such designates its recipient as outstanding among his fellows. This particular item of business was pretty much a Phi Rho monopoly, for Dr. R. L. Sensenich, of Gamma Chapter, Chairman of the Board of Trustees, presented the Board's report and submitted in nomination for this award the names of three physicians: Dr. Isaac Abt, Alpha Chapter, Chicago; Dr. Alfred Blalock, Baltimore, and Dr. Henry A. Christian, Nu Chapter, Boston.

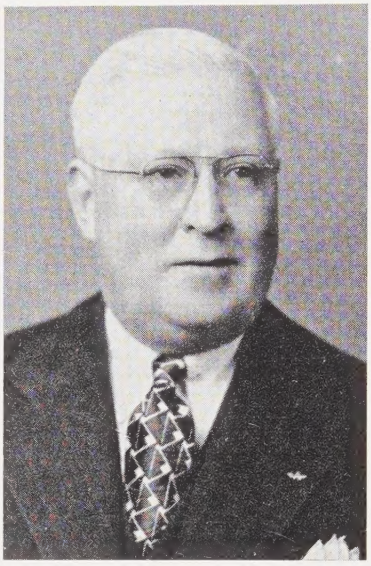
Residency Available

A residency in general medicine with considerable opportunity for study and training with the mentally defective is available at the Polk State School, in Polk, Pennsylvania. This is not an approved residency. It is stated that the laboratory facilities are excellent and ample opportunity is extended for good, original work. The positions on the staff offer remunerations and collaborations for a certain amount of post-graduate study. For further information, communicate with Gale H. Walker, M.D., Superintendent, Polk State School, Polk, Pennsylvania.

"Socialized Medicine is the Keystone to the Arch of the Socialized State."

—Lenin.

Phi Rho Heads Academy of General Practice



PAUL A. DAVIS, M.D.
Omega, Akron, Ohio
President of the American Academy of General Practice

The Ohio State Medical Journal has this to say about a prominent member of Omega Chapter of Phi Rho Sigma:

"Dr. Paul A. Davis, Akron, Councilor of the Sixth District of the Ohio State Medical Association, was elected president of the American Academy of General Practice, a new organization which had its initial meeting during the Atlantic City Session.

"Chairman of the Section of the General Practice of Medicine of the A.M.A.,Dr. Davis was also representative to the Scientific Exhibit from the Section on Preventive and Industrial Medicine and Public Health. He has been president of the Summit County Medical Society for the past year.

"The objects and purposes of the new Academy are: To promote and maintain high standards of the general practice of medicine and surgery; to encourage and assist in providing post-graduate study for general practitioners in medicine and surgery and to encourage and assist practicing physicians and surgeons to participate in such training; to encourage and assist young men and women to prepare, qualify, and establish themselves in general practice; to protect the right of the general practitioner to engage in medical and surgical procedures for which he is qualified by training and experience; to advance medical science and private and public health."

On the program for the sectional meeting of the American College of Surgeons, held March tenth and eleventh, 1947, in the Lord Baltimore Hotel, Baltimore, Maryland, are listed the names of four Phi Rho's: on the Board of Regents, Frederick A. Coller, Nu Chapter, Ann Arbor, Michigan; Frazier B. Gurd, Alpha Gamma Chapter, Montreal. On the Fracture Program R. P. Hawkins, Jr., Upsilon Chapter, Clifton Forge, Virginia, Associate Surgeon Chesapeake and Ohio Hospital. On the Motion Picture Program there is listed a film "Diseases of the Esophagus" by Paul H. Holinger, Alpha Chapter, Chicago, in association with Albert H. Andrews, Jr.

SOME DEFINITIONS

A conference is a group of men who individually can do nothing, but as a group can meet and decide that nothing can be done.

A statistician is a man who draws a mathematically precise line from an unwarranted assumption to a foregone conconclusion.

A professor is a man whose job it is to tell students how to solve the problems of life which he himself has tried to avoid by being a professor.

A consultant is a man who knows less about your business than you do and gets paid more for telling you how to run it than you could possibly make out of it even if you ran it right instead of the way he told you.

A specialist is a man who concentrates more and more on less and less.

An optimist is a person who thinks the future is uncertain.

A pessimist is a person who is afraid the optimist is right.

An economist is a man who can make a simple subject complex, a complex subject simple; in other words, an economist is simply simple.

—From the Bulletin of the Doctors' Business Bureau.

Malone Versatile Frater

In its column "Who's Who in Pittsburgh Music Circles," the Pittsburgh Press under date of August 3rd, 1947, features the musical career of Dr. Harry M. Malone, Chi Chapter.

HARRY N. MALONE—Although a busy M.D., Dr. Malone is a staunch music devotee with a special penchant and talent for singing.

Born here, he studied violin and piano in boyhood, but his chief musical interest centered in singing. He sang in church choirs and quartets and was a popular tenor at college. Later he sang with the old Pittsburgh Male Chorus founded by James Stephen Martin.

Through the years he maintained his amateur status and never appeared professionally. His principal vocal training was with Adriaan Freni of this city.

For the past 25 years he has been an ardent collector of folk songs ranging from Indian melodies picked up in the Andes, to Armenian shepherd tunes, Sicilian mountain songs, French pastourelles and Icelandic music.

He finds keen enjoyment in Russian folk and gypsy melodies, Cossack and Siberian prisoner tunes, and songs of farewell and revenge and other passionate music of the Russian steppes.

He was a pioneer broadcaster on KDKA in crystal set days. Then he did folk song programs on other stations under an assumed name, and gave full-length travelogue and recital programs for civic and educational groups, always in native languages: Russian, Japanese, French, German, Spanish and Italian.

Occasionally, Dr. Malone gave all-Russian recitals. He has written several ballads. Best known is "Beautiful One," and he collaborated in editing Phi Rho Sigma fraternity's song book. He has made an extensive study of music in industry, its value to workers' health and well-being and its beneficial effect in stimulating production. Last year, his broadcasts on "Value of Music in Industry" evoked wide comment.

—Pittsburgh Press, Aug. 3, 1947.

You may have tact, enthusiasm, the faculty for hard work, and concentration, but they all need to be bound together into a strand of lasting strength by persistence. Persistence is the steel frame that holds up the whole structure.

—Management Research,

Chapter and Alumni News

Chapter Secretaries: **Your ideas and suggestions are needed to help make the Journal just what you want it to be—informative, attractive, stimulating. Pictures, newsletters, alumni notes cannot be published unless they are received.**

UNIVERSITY OF SOUTHERN CALIFORNIA

Commander Victor Charles Stratton, Delta, is now Chief Surgical Resident at the Long Beach Naval Hospital, Long Beach, where he says that he is getting an excellent service in preparation for the practice of surgery later. His present address is 814 Idaho Avenue, Santa Monica, California.

Not to be outdone by any of the other chapters in wit, energy and initiative, the active chapter Delta now comes forth with its new publication called "Delta Doings," Volume I, number one of which has just appeared. This brand new offering seems to emanate from the typewriter of brother Ray Bangle, Jr., Secretary-Treasurer, and contains between its "Opening Incision" and terminal line "Skin Clip" a lot of information about the active chapter and the alumni plans for raising funds to finance a new home.

UNIVERSITY OF NEBRASKA

Through the courtesy of A. Edgar Robison, Chapter Secretary, there has just been received the current issue of The Iota of Phi Rho Sigma, official publication of Iota Chapter of Omaha, Nebraska. This is a most informative and stimulating opus of six pages, announcing resumption of publication and plans for a bigger and better fraternal news bulletin. There are included lists of pledges, recent initiates, alumni notes, social activities, and, most unusual in Chapter affairs, a financial statement showing the Chapter to be very definitely in the black at the end of March, 1947, with some cash on hand and in the bank. The masthead of the Iota states that it is published annually by the Iota Chapter of Phi Rho Sigma; its Editor is Leo DeBacker; Assistant Editor, Emmett Simonson. Those contributing special articles are Leo DeBacker, Emmett Simonson, Lee Gartner, Charles G. Beede, John Hornberger, Robert Jerner, Robert C. Smith, G. N. Farner, and Charles Miller.

Judging from the comprehensive scope, the breeze, and the punch of this little bulletin, it would seem that Iota is another Chapter to watch for future developments.

UNIVERSITY OF PITTSBURGH

Edward L. Sutton, M. D., Chi Chapter, was discharged as a Captain of the Medical Corps July, 1946, after twenty-nine months' service in the United States Army. He has returned to private practice in his specialty of Dermatology and Syphilology at 345 Lincoln Avenue, Bellevue.

SCIENTIFIC PUBLICATIONS

DR. C. H. INGRAM, JR.
Lambda Phi Chapter

1. **"Therapy in Habitual Abortion"** was presented to the Pittsburgh Obstetrical and Gynecological Society at the meeting December 4, 1944, and published in the American Journal of Obstetrics and Gynecology 50: 154-9, August, 1945.
2. **"Some Observations on the Rh Factor in Pregnancy"** was presented to the same group February 4, 1946, at the West Penn Staff meeting in May. It appeared in the same journal 52: 440-5, September, 1946.
3. **"A Case of Syphilis in Pregnancy Treated by Penicillin"** was likewise read to the Pittsburgh Obstetrical and Gynecological Society December 3, 1946, and has been accepted for publication in the same journal.

UNIVERSITY OF MICHIGAN

SPRING FORMAL

Multi-colored, helium-inflated balloons and a serpentine confetti band shell created the mood for the Phi Rho Sigma SPRING FORMAL on April 26th, honoring Zeta's new initiates. The living room was transformed into a ballroom, the dining room into a lounge bar, and the 60 couples danced to the rhythms of Tom McNall and his orchestra, featur-

(See Page 9)

THE JOURNAL

of Phi Rho Sigma

is the official publication of the Fraternity and is published five times a year. It is sent to every living member. Subscription $2.00 per year.

Address all communications concerning the JOURNAL to the Editor, and correspondence concerning the Fraternity in all other matters to Dr. C. H. William Ruhe, Secretary-Treasurer, 533 Fifth Avenue, Pittsburgh 19, Pa.

EDITOR

LEWIS A. ALESEN, M.D., 1401 South Hope Street, Los Angeles 15, California.

ASSOCIATE EDITORS

WM. J. STAPLETON, Jr., M.D., ("The Medicine Man"), 641-45 David Whitney Building, Detroit, Mich.

DUDLEY M. STEWART, M.D., 2460 Collingwood Ave., Toledo, Ohio.

JOHN F. WILSON, M.D., 1930 Chestnut Street, Philadelphia, Pa.

Nostalgia

September! Indian Summer! Falling leaves! The tang of Autumn in the air! You old grads of the class of '80 and you young grads of the class of '47 are all thinking of your college campus, whether that be a small one like good old Siwash where Petey Simmons explored higher education a generation ago, or a large modern University. The loadstone of the old school is just the same. Don't you wish you were going back?

Our American system of higher education needs no special pleading of extenuating circumstances, needs to offer no apologies for results achieved. Nor is it desirable to enter into any controversy as to what constitutes education, for that has been thoroughly explored, defined, and catalogued by the experts, who have placed appropriate emphasis upon the economic, cultural, and spiritual values of mental training in all of its phases.

There is, however, one particularly pertinent question now being considered by medical educators. Because of the rapid technical developments in the healing art, the medical curriculum is constantly expanding. There is a limit to the student's time and to his assimilative capacity. Then too, there is the present trend toward specialization with its consequent requirement of several years of the graduate's time following the completion of his internship. Pre-medical work in the basic sciences has become an accepted and obviously essential part of the young physician's training.

In some quarters it is held that far too much of the student's time is spent in pre-medical work, particularly in the subjects commonly known as cultural, which would include English, history, economics, sociology, foreign languages, and philosophy. It is contended from this viewpoint that an intelligent student could be transformed into an efficient health technician by a rapid and intensive concentration upon the human body in health and disease without so much time being spent upon subjects not closely related to the goal in view.

It is further urged that the present need of this country is for doctors of medicine able to treat the sick, not for highly trained specialists and research workers. In the curriculum motivated by these ideas there would be a sharp distinction made between the student who planned to be just an ordinary physician and the one who wished to specialize or become a research worker, the latter being required to pursue more extensive preparation.

Admittedly, there are technical difficulties facing the medical student and his educators today because of improved techniques and more extensive knowledge. But can a physician know too much about his science and art as well as about the historic, economic, and cultural background of those upon whom he practices it? The country is filled with all manner of neck-snappers, spine-crushers and nerve-twisters, all technicians of a sort, receiving intensive short courses of preparation but lacking in fundamental training.

It is a trite old cliche to say that the art of medicine is something more than the diagnosis and treatment of disease. The physicians who have contributed most to society have been those who have combined technical skill and diagnostic ability with an understanding of the sick patient as an individual in need of spiritual as well as physical aid. As a part of the training of the true physician, there can be no substitute for a thorough grounding in the humanities. First of all, the physician must be a man who has breadth of vision and strength of character.

Phi Rho's address American College of Allergists

The American College of Allergists has announced a fall graduate instructional course in allergy, to be held November 3-8, in Cincinnati, under the auspices of the University of Cincinati College of Medicine.

Among those appearing on the program are two prominent Phi Rho's: Dr. Jonathan Forman, editor of the Ohio State Medical Journal, "Present Status of Anti-Histamine Drugs"; Dr. Vincent J. Derbes, New Orleans, "Allergic Bronchitis, Bronchiectasis and Loeffler's Syndrome."

THE CRITICAL FACULTY

"The critical faculty has its value in correcting errors, reforming abuses, and demolishing superstitions.—But the constructive facilty is much nobler in itself and immeasurably more valuable in its results, for the obvious reason that it is a much nobler and better thing to build up than to pull down. It requires skill and labor to erect a building, but any idle tramp can burn it down.—Only God can form and paint a flower, but any foolish child can pull it to pieces."

The above was stated by a great Pennsylvania jurist, John Bannister Gibson, 100 years ago.

ANESTHESIOLOGY

By FRANCIS E. GUINNEY, M. D.
Delta, Los Angeles, California

Diplomate American Board of Anesthesiology; Chief of Anesthesia, California Hospital; Junior Consultant in Anesthesia, Wadsworth General Hospital, Veterans Administration; Member Junior Attending Staff, Los Angeles County General Hospital.

Anesthesiology, the science of anesthesia, has truly become a science and a specialty within the past two decades. Anesthesiologists, the term preferred to anesthetists, are not merely technicians taught to pour ether or insert a needle. A knowledge of the pathological physiology of the various disease processes and the physiological changes that take place under the various types of anesthesia is necessary in order to properly select the type of anesthesia that is best for the individual patient and administer therapeutic measures when complications arise during the administration of an anesthetic. The value of a competent anesthesiologist is appreciated by the surgeon, as it relieves him of all responsibility for the patient during the operation and he can therefore devote his full attention to the surgical problem before him. The recent World War was a stimulus to the growth of anesthesiology, as the anesthesia was given by trained Anesthesiologists and the surgeons came to rely on them, if they had not done so previously.

FRANCIS E. GUINNEY, M.D.

Anesthesiology is not the most remunerative specialty in medicine. In a survey made by Medical Economics before the war, it was low on the list in total income. However, I believe it is safe to say that it is in a higher position now. The relatively low remuneration is compensated by a very small overhead and investment. If one practices by himself, an office and a secretary are not necessary. In some hospitals gas machines and gas are furnished, while in others the anesthesiologist is required to furnish his own. However, if it is necessary to purchase one or two gas machines, the investment is much less than required to maintain an office. In the majority of cases it is possible to carry all necessary equipment in one bag. The percentage of collections by anesthesiologists is at or near the top of the list of specialties. As the bill is relatively small, compared to that of the hospital and surgeon, payment is usually made early. This is particularly true if an estimate and explanation of the various charges to be expected are given to the patient by the surgeon before entering the hospital. In some hospitals, for a small service charge, the anesthesiologist's fee is collected before the patient leaves the hospital. It is definitely possible to build up a practice faster in Anesthesiology than in other specialties. This is particularly true in small towns where no Anesthesiologists are in practice. Within one or two months a man can be busy every day. Similar opportunities exist in the larger cities. There is no need to "starve" for a year or so in getting a practice established.

Anesthesiologists do not have responsibility for the patient as long as other physicians, although the responsibility is great while it lasts. Do not be misled into thinking that the responsibility ends when the patient is returned to his bed. Anesthesiologists act more as consultants and follow their patients post-operatively in order to aid in the treatment of complications which may develop. However, the relationship of the Anesthesiologist with the patient is not as close as is that of other physicians, since he is usually a stranger to the patient until he sees him the night before surgery, and the patient looks to the surgeon for his post-operative care. If one particularly enjoys a close relationship with his patients, Anesthesiology is not the specialty for him.

A disadvantage of Anesthesiology is that the Anesthesiologist must be an early riser. Since surgery starts at 8:00 A. M., preoperative preparations make it necessary for him to be at the hospital at 7:15-7:30 A.M. Although the majority of one's work is done in the morning and early afternoon, making preoperative medication and seeing patients post-operatively keeps one busy most of the day. Night calls are definitely not as numerous since emergency surgery after 10:00 P.M. is not too frequent — unless one gives anesthetics for obstetricians. Considering all of these factors the Anesthesiologist does have more free time than the majority of physicians.

The method of practicing Anesthesiology varies in different parts of the country. In some places it is practiced like any other specialty—direct relationship with the patient, bills being sent directly to the patient. In other places, an Anesthesiologist may be the Head of the Department of Anesthesiology in the hospital, working on a fixed salary or receiving a salary from the hospital and charging patients in addition. As Head of

(See Page 14)

The Health Officer

By J. C. GEIGER, M. D., Delta Omicron Alpha,
Director of Public Health,
City and County of San Francisco, California.

There can be no question that a career in public health does not today offer sufficient attraction, financial or otherwise, to students of medicine. Certainly, the need for competent officials is greater than the demand. Three things do deter: lack of knowledge, inadequate compensation, the uncertainty of tenure. Lack of knowledge as to character of work, and the technical, even personal qualifications such as honesty, courage, common sense and the public relations complex necessary, may react unfavorably on the service performed.

Political judgment in putting over work is often regarded as a criterion of the successful public health administrator. There is no doubt that the efficient full-time official is not adequately compensated. Medical men in part-time health department work often complain that such contacts are harmful in establishing future practice, and good material hesitates even to enter this field. The advent of civil service regulations in health departments by no means solves this problem. Intelligently applied, however, it offers great possibilities in continued good service by capable men. This brings up the uncertainty of tenure of office, which acts as a deterrent to entering public health. Many health officials bear in their sub-conscious minds the repeated history that satisfactory performance of duties is no criterion, and that for political reasons or administration changes they may be discharged. Therefore, appointments in health departments should be for set periods of years (say six) and should require sufficient qualifications and education, even to Master or Doctorate degrees, any discharge to be by public trial under specific charges. Well conducted health work very often constitutes an asset that political parties cannot afford to neglect.

J. C. GEIGER, M. D.

The teaching of public health leading to a degree has an argumentative point as to the method of procedure. The advocate of initial post-graduate training in schools of public health, followed by some practical field work either in state, county or city health departments, apparently has the best of the argument at present. Those who advocate practical experience preliminary to a collegiate course in public health have been frowned upon, and there is now being raised the question of using Boards for certification, as is done in other specialties of medicine.

Epidemiology

Epidemiology must have a starting point, and this is usually statistical. The discerning health official must have a daily, weekly, or monthly report, or all three; he must picture the location and number of cases with charts, and must know the previous movements of the patients. Highly desirable is the history of past incidence, in terms of an average for the non-epidemic period, the so-called "norm" or "expectancy." Such averages, when plotted in curves and corrected as to population estimates, may give reasonable endemic or constant seasonal information. With such information and with care as to deviations (changes in population, etc.) the health official has a useful basis for collection purposes and for forecasting and broadcasting. These daily or weekly summaries and annual reports should be sent to local physicians, the press, Chambers of Commerce and major transportation companies.

The discovery of the microbe, or ultravisible viric causes of disease and its various types; or of the parasite without its intermediate host, as in amebic dysentery; or with such a host, as in malaria; and the discovery of the manner of spread from person to person, or the role of insects and animals, have added many new features to epidemiology. But the mode of spread of some diseases, such as acute anterior poliomyelitis, is still obscure, or is a matter of conjecture. Presumably, contact with the case or with the healthy carrier or missed case accounts for the spread of many diseases, yet elucidation of the problem of such dissemination is still being sought.

One of the difficulties not yet surmounted is the apparent power of a microbe or ultravisible virus to produce either serious or mild cases, or to produce few cases at some period or for several periods, or to cause epidemics or inter-epidemics (the so-called recurrences), or great pandemics. Many diseases, especially measles and scarlet fever, seem to occur in cycles or at periodic intervals, which are assumed to be due to an accumulation of the crop of susceptibles.

The law of etiologic specificity, or the association of particular

(See next page)

The Health Officer

(Continued from Page 6)

diseases with specific micro-organisms, has led to an expansion of groups of recognized diseases as well as in groups of acknowledged causative agents. In the field of viruses, expansion has been spectacular. More and more it becomes necessary to weave together the field of micro-organisms parasitic to man and animals in such a manner as to cover the entire field from a protein substance of "germ" which is non-living in the ordinary sense, to the viruses, rickettsia, bacteria and fungi and to the spirochetes, protozoan and metazoan parasites.

This concept of specificity leads to study of the manner in which the human race and the animal kingdom have become subject to so wide a variety of illnesses caused by micro-organisms biologically so diverse.

There is no doubt that continued research in epidemiology, especially experimental, is needed in order to understand factors as yet unexplainable. Because of the rapidity of travel today, especially by air, with its associated possibilities in the spread of diseases, epidemiology must more than ever take its place as a protective science.

Career in Public Health

One objection to public health is that the physician must forsake his independence, a tradition of the American which reaches its acme in the American physician. On the surface, this is a valid objection. On the other hand, increasingly the merit system (old "civil service") is advancing to guarantee honest appointment and promotion and to protect the physician who is in public health against the spoils system. Moreover, there are many who feel that the form of medicine is undergoing modification which is amending the status of "private" practice. For the sake of the quality of American medicine, it is vital that

(See Page 14)

YOUR FUTURE?

By DUDLEY M. STEWART, M. D., Associate Editor

DUDLEY M. STEWART, M. D.
Delta Omicron Alpha Chapter
Tulane University of Louisiana, 1927; Chairman, Grand Council Committee on Ritual; member of the American Academy of Orthopedic Surgeons; four years' experience in the Department of Orthopedic Surgery, Medical Corps, United States Army, discharged with the rank of Lieutenant-Colonel; now practicing orthopedic surgery in Toledo.

What kind of a future do YOU want?

As a physician of the future YOU are now spending YOUR time and effort in acquiring the necessary fundamentals of YOUR chosen profession.

YOU want SUCCESS.

YOU want the satisfaction of ACHIEVEMENT.

YOU want to grapple with the problems of YOUR professional life.

YOU want to solve these problems with YOUR brain and YOUR ability.

YOU want to enjoy the just fruits of this SUCCESS.

Men with determination and with confidence in themselves have ALWAYS made a place in the professional world despite many discouragements and unfavorable odds.

YOU can win that place only by YOUR own determined effort.

The day of the "handout" has passed. The necessity for the "handout," whether from your state or your government, has passed.

YOU want the FULL return for YOUR efforts.

YOU are a working, struggling, INDIVIDUAL with YOUR eyes on YOUR future.

Let no man or group of men take from YOU the plan of YOUR future by stifling YOUR initiative. YOU want to plan YOUR future and to work it out with YOUR brain and YOUR hands. No medical career based upon loss of INITIATIVE and subservience to a political director who creates policies for YOU to follow unquestioningly is conducive to YOUR freedom of enterprise or to YOU as an INDEPENDENT, FREE, physician. There should be no "strings" of governmental subsidy attached to YOUR efforts in the achievement of YOUR future.

SUCCESS is only the result of YOUR FREEDOM of INITIATIVE as an individual physician, and of YOUR unselfish co-operation with fellow-physicians in YOUR medical societies.

YOU can achieve SUCCESS only by being a FREE MAN and an UNFETTERED PHYSICIAN.

The Faculties of Wayne University Honor William J. Stapleton, Jr., M. D. on the Occasion of His Retirement

Dr. Stapleton received his M.D. degree from the Michigan College of Medicine in 1900, his Ph.G. from the Department of Pharmacy in the Detroit College of Medicine in 1902, and his LL.B. from the Detroit College of Law in 1907. He has been actively connected with teaching at the Detroit College of Medicine from 1907 and since 1914, has been Professor of Medical Jurisprudence. He has also served as Assistant, Associate, or Acting Dean since 1935. In addition to his teaching, he has been engaged in the active practice of Medicine for 47 years.

A part of this long and distinguished professional history is a record of similarly high distinction as an educator and a deeply loved colleague and friend.

WILLIAM J. STAPLETON, JR., M. D., Ph. G., LL.B., Epsilon, Associate Dean, Wayne University College of Medicine, "The Medicine Man."

In dark times of adversity and dissension, it has been he to whom we have always turned. His understanding, his tolerance, his abiding faith in the future and in the essential nobility of Medicine and those who practice its art and are guided by its science has unfailingly brought order out of chaos, understanding out of misunderstandings, and has welded lasting friendships between strong but willful men—truly, he has been a rock in a weary land.

In the golden sunshine of success and in the shining moments of recognition for the high attainments and distinctions of the College of Medicine, he has quietly sought the background of the scene, leaving for others the praise and acclaim which his kindliness, his faith, and his quiet encouragement has brought to each and all of them.

His is a deep and kindly spirit which combines wisdom with learning, perception with understanding, and binds them together with a true love for mankind and all of man's good works. His soubriquet, "The Medicine Man," is not a nickname; it is a title well and truly earned.

He leaves in our hearts the personification of the words, "Semper Fidelis."

On behalf of the faculties
May 22, 1947
DAVID D. HENRY, President.

—Reprinted from Detroit Medical News, June 23, 1947.

There is nothing wrong with the country that could not be corrected with a generous dose of self-respect. The lack of this ingredient in the national character shows up in a flight from personal responsibility. We ask the law to do for us what we are unwilling to undertake for ourselves. The constant failure of the law to aid us in our social purposes or to relieve us of social maladjustments does not turn us from the law; rather, the habit grows through practice until finally we lose all sense of self-reliance. That is the essence of Socialism. It is also the essence of oracle worship.

—Frank Chodorov in Analysis, June, 1947.

Pleasure Reading

HARVEY CUSHING. A BIOGRAPHY.
By John F. Felton. Thomas Book Company, $5.00.

I have read with much pleasure this fine book about H. C., "the acknowledged leader of American Medicine." Doctor Felton has done a great job in revealing to his readers this many-sided American.

CLEANLINESS AND GODLINESS.
By Reginald Reynolds. Doubleday, New York, $2.75.

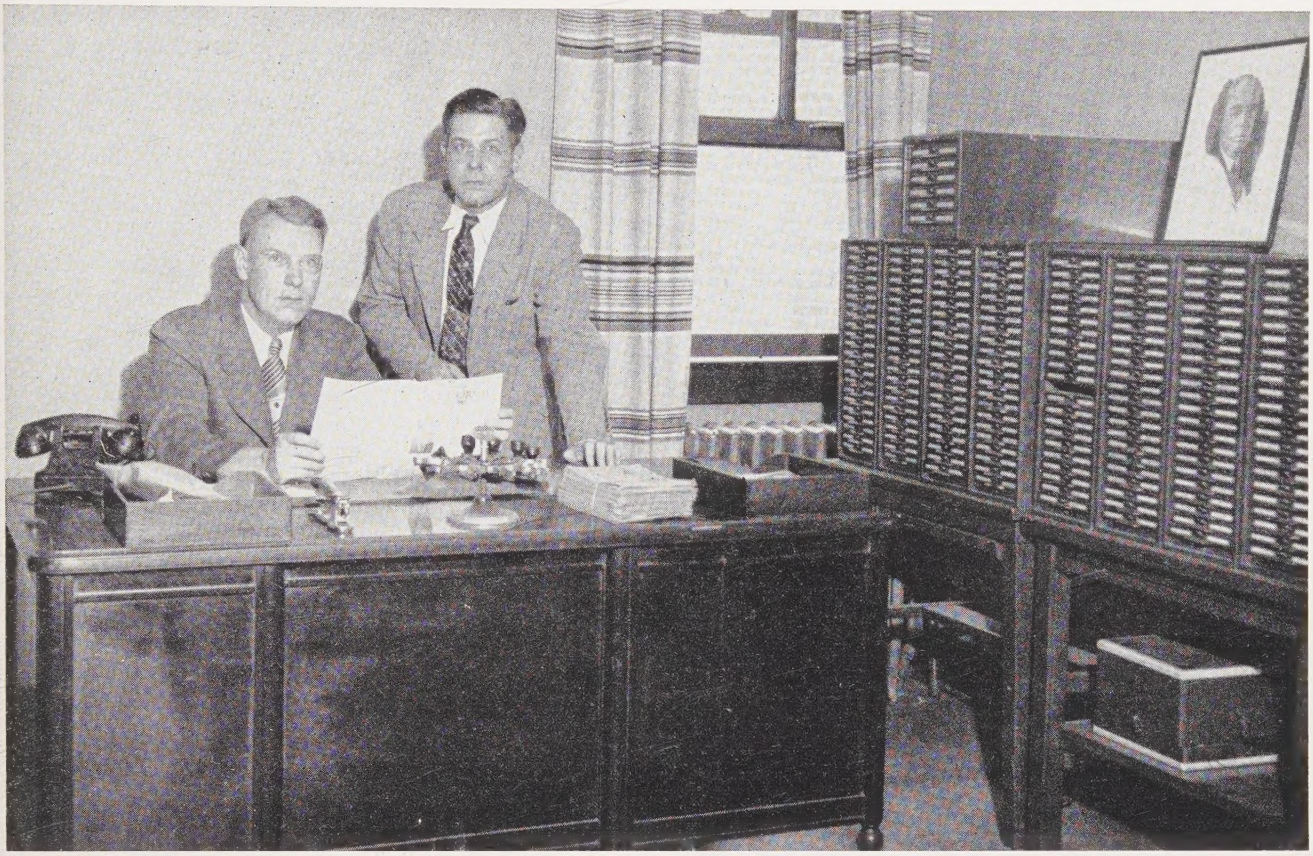
This is the history of the water-closet and is firstrate reading. A scientific and erudite Chic Sales.

RESIDENCIES AVAILABLE

WANTED: A young, single physician to act as resident in the infirmary of the Department of Health of Princeton University, Princeton, New Jersey, for the academic year 1947-48, beginning about September 15. A graduate of a Class A medical school who has completed his internship is eligible. Compensation $300 per month, with full maintenance. For further information write Dr. W. H. York, Chairman, Department of Health, Princeton University, Princeton, New Jersey.

A medical residency and a few internships are available at the St. Luke's Hospital — Fargo Clinic, in Fargo, North Dakota. Approved residency. Hospital averages 160 patients, with an additional 100 beds under construction. The Fargo Clinic is continuous with the hospital and has a staff of twenty physicians, most of whom are certified in their respective American Specialty Boards. The Clinic had 37,536 admissions during the first six months of this year. Work in the clinic as well as in the hospital; an excellent opportunity to see group medicine in operation. Remuneration —interns $50 per month and full maintenance, residents $100 per month and full maintenance. Services may begin on July 1, October 1, January 1, or April 1. For further information write Dr. G. Wilson Hunter, Fargo Clinic, 807 Broadway, Fargo, North Dakota.

Medical, surgical and obstetrical residencies in 425-bed general hospital approved by Council on Medical Education. Salary $150 per month and full maintenance. Also, several vacancies for interns. Seaside Hospital, Long Beach, California. Dr. H. Milton Van Dyke, 541 East Broadway, Long Beach 2, California.



C. H. William Ruhe and Paul L. McLain, Secretary and President of the Grand Chapter, respectively, confer in the Central Office about the latest issue of THE JOURNAL.

UNDERGRADUATES:

What are you going to do when you finish school and complete your internship? Do you plan to enter general practice, or are you looking forward to preparation for one of the specialties? Do the military services seem attractive, or are you interested in industrial work?

To aid you in analyzing your capabilities and in appraising the field, articles by successful alumni in general practice as well as in the specialties will appear from time to time in early issues.

UNIVERSITY OF MICHIGAN

SPRING FORMAL

(Continued from Page 3)

ing attractive Miss Jackie Ward, songstress with radio station WWJ in Detroit. Two musical acts were presented at intermission. Act I: A musical variety marionette show by Crawford Brown '48, presenting Alec Templeton at his concert grand piano, clowns and animals in new and exciting routines, and a "sequestrating" skeleton dance. Act II: The Phi Rho Sigma Players presented PHIRHOMA, a musical comedy production written especially for Spring Formal, with lyrics based on Zeta Chapter, and set to the music and tempo of the Broadway play **Oklahoma.** Members of the cast included Miss Nina Goehring, Miss Patti duPont, Franklin Freeman '48, Richard Alexander '49, and Donald Fredrickson '49. Pianist was Harvey Campbell '50. The show was written, directed and produced by Crawford Brown.

Dr. and Mrs. Lyndon Lee and Dr. William Brace were chaperons. Dr. and Mrs. Frank Bethell, Dr. and Mrs. Wayne Whitaker, and Dr. and Mrs. Robert Bassett were honored guests. Official photographer for the occasion—Phil Johnson '49.

REUNION

OK, Zeta Alumni! This is it! At long last a big REUNION! But more than that—October 25 is the date we've chosen to celebrate ONE HALF CENTURY of existence for Zeta Chapter at Michigan. And lucky for you—it's also the day of the MICHIGAN vs. MINNESOTA FOOTBALL GAME. Wait—that isn't all. We will also have the ROY BISHOP CANFIELD MEMORIAL lecture on that day. On the same date: a grandiose Zeta Alumni Association Meeting, and Founder's Day Celebration.

Now, how about it—here you are with not one but FIVE good reasons to return to Ann Arbor October 25!

First—sit down right now and write to all your classmates in Phi Rho and give them the good word. We have lost many addresses during the war, and if you don't help we won't be able to contact all our fraters. Then, if you want tickets for the game, you'll have to send us $3.50 RIGHT AWAY so we can get you a decent seat!! Time is a very important factor. Later on, if you want rooms you'll have to let us know. We are planning a luncheon and banquet, and, of course, a Phi Rho party to end all. GET THAT LETTER OUT RIGHT AWAY WITH YOUR CHECK FOR YOUR FOOTBALL TICKET—NOW!

What About Your Grades?

By PAUL L. McLAIN, M. D., Chi
Associate Professor of Physiology and Pharmacology
University of Pittsburgh
President of the Grand Chapter

The beginning of the school year, when the slate is comparatively clean, is a good time to think for a few moments about grades. A good deal of misinformation is spread abroad on this subject. All varieties of opinion may be encountered, among those who give as well as those who receive. On the one hand are the extremists who feel that nothing is so important as a high grade; on the other are those who stolidly back the view that grades mean nothing whatsoever. Even the latter must admit, however, that faculties have a habit of paying off on grades of some sort. For this reason, all students consciously or unconsciously work for grades, and grades thus become one of the objectives of academic endeavor.

No one will question the fact that all individuals are not endowed with equal ability to acquire, correlate, and apply information. Grading is an attempt to express this fact in a form which will indicate differences of ability from one individual to another. From the practical standpoint, grading is based on measurement, and measurement implies standards. The major bugbears of conscientious teachers from the dawn of educational history have been the selection of suitable standards and the devising of suitable methods of measurement. We are at present little nearer to the solution of this problem than was the case a century ago, but there is some indication that we know what we want even if we cannot quite accomplish it. We know, for example, that in order to measure intelligently we must adapt the method of measurement to the desired objective, that no single system of measurement is applicable to the grading of ability in all of its complex ramifications. We know that the safest criterion of ability is accomplishment, and our tests are geared to measure accomplishment since latent ability has at best a dubious value. We know that, despite our best efforts to make comprehensive measurements, our tests can ferret out only a sample of the particular ability which we desire to measure; hence, we try to make that sample representative of the subject, and in this effort we frequently fail. We know, therefore, that all grading is inexact; this defect we attempt to remedy by multiplication of the number and types of measurement. We know, in short, that grades are fuller of faults than an old shoe, but we go on grading because: (1) there has yet to be devised a better method of delineating variations in ability; (2) experience has shown that, over the period of years from the beginning of academic life in the elementary schools to its completion in professional school, the sum-total of the opinions of numerous teachers, expressed in the grades which they have assigned to a given individual, is a fairly reliable index of what one may expect that individual to accomplish under average circumstances. Hence, a single grade or a few grades mean little; the average of many grades received at the hands of a large number of teachers and in a large number of subjects usually means a great deal more than the scoffers suspect.

It is possible to "work for grades." We are all familiar with the type of student who points for high marks so avidly that he fails to learn much about the subject. Such procedure cannot be condemned too strongly; it is an example of misdirected effort. The fact that it can occur is one of the faults inherent in any grading system, and there is very little that one can do about it beyond multiplying the tests and attempting to measure ability from practical as well as theoretical angles. From the student's standpoint, grades should be a secondary consideration. From the teacher's standpoint, they should be recognized as a crude index of certain qualifications. If more students and more teachers approached grades and grading in this light, there would be vastly more education and virtually no argument over marks.

The primary objective of the student should be such mastery of the subject at hand as his ability permits with the time and facilities provided. Mastery, in the case of any subject, involves the following phases: (1) the acquisition of a certain body of factual knowledge fundamental to the particular subject; (2) thorough understanding of the methods by which such factual knowledge has been obtained; (3) systematic arrangement of facts according to their relative importance; (4) relationships of the facts to knowledge in other subjects; (5) some basis for self-education in the field. If the subject is mastered, the grades will take care of themselves. The student should strive to learn and to understand. He should not strive merely for high grades. The teacher should strive to help the student learn and understand. He should try to make his grades represent learning and understanding. But even if he is one of those rare birds who makes grades his fetish and who tries to make his subject difficult, he will find it extremely hard to **fail** the student who has mastered his material in the manner outlined.

The writer is a strong advocate of high standards of scholarship, by which he means thorough training in fundamentals leading to meritorious achievement. He has little patience with mediocrity, especially in Medicine. His experience has been that excellent scholarship leads generally to excellent grades; but if it should not work out that way, so much the worse for the grades.

Dr. Luther Sheldon at George Washington University

Dr. Luther Sheldon, Jr., rear admiral USN, retired, has been appointed Associate University physician at The George Washington University.

Dr. Sheldon was retired from the Navy in August, 1946. He was at that time District Medical Officer for the Fifth Naval District, Bureau of Medicine and Surgery, a post he had held since October, 1944.

He is a member of the American Medical Association, and the American College of Surgeons and of Phi Rho Sigma, medical professional fraternity for men. He also is a Mason and a member of Omicron Delta Kappa, college activities society for men, and of Kappa Alpha, social fraternity.

Dr. Sheldon attended Norfolk Academy and Randolph Macon Academy. He received his Bachelor of Arts degree from Hampden-Sydney College in 1903 and the M.D. degree from the University of Michigan in 1909. Hampden-Sydney awarded him the honorary Doctor of Laws in 1943. He was appointed to the Navy as commanding assistant surgeon in 1911.

"Property is the fruit of labor; property is desirable;
It is a positive good in the world.
That some should be rich shows that others may become rich, and hence is just encouragement to industry and enterprise.
Let not him who is houseless pull down the house of another but let him work diligently and build one for himself.
Thus by example assuring
That his own shall be safe from violence when built."

Abraham Lincoln.

CENSOR MEDICINÆ

● Think carefully and logically before filling the air with half-hatched opinions. Even the buzzard's stomach is turned by the effluvium from half-hatched hen fruit.

● Medical students who have accepted the largess of their Uncle Samuel to finance their studies must repay those dollars of tax money by personal service. Don't gripe and grumble; do your duty like the physicians who left their practices and came arunning to help kick Musso, Adolph and Togo in their respective panties.

● REMEMBER—you get nothing for nothing, now that the New Deal has been placed in the same receptacle with yesterday's egg shells and last week's newspaper.

● The communists and their sly little pink fice dogs are all about, sneering at the achievements of your country and its proud way of life. Have you ever heard of the commies establishing orphanages, hospitals, old folks' homes, or any charitable institutions in the land they would seek to destroy?

● If you don't watch out, you will be making visits to your future patients with your little black bag filled with Wagner-Murray-Dingell blank forms instead of the usual stethoscope, otoscope, thermometer, and the other necessary tools of your trade.

● See how happy the Russian people are with state control of food, housing, clothing, employment, medicine, life and death, and everything else. Perhaps it is the iron curtain between the western world and Stalinland that prevents our knowing just how pleased they are, and from getting jealous of their "planned" good fortune. Even the commies and their Stalin-singing faithful are not breaking their necks to return and sample "planned" life so smilingly offered by Uncle Joe.

● Learn how to meet your patients in a pleasant, sympathetic manner, and how to listen intelligently while they tell you their troubles. Oftentimes, just the sincere recital of one's woes acts like a mental cathartic, and to get the patient to unburden himself to you, is all that the high-priced psychiatrist can do, for all his aura of mystery.

● Bedside consultation is the best, and the most human approach to the patient. No laboratory has ever made a diagnosis without the intelligent help of a good doctor.

● Your heritage of medicine is an honorable one. Do not sell it for the hasty or dishonest dollar. Too often a quick profit carries with it a long-lived loss.

(See Page 16)

Indiana Shows the Way

"Indiana needs no guardian and intends to have none. We Hoosiers—like the people of our sister states — were fooled for quite a spell with the magician's trick that a dollar taxed out of our pockets and sent to Washington, will be bigger when it comes back to us. We have taken a good look at said dollar. We find that it lost weight in its journey to Washington and back. The political brokerage of the bureaucrats has been deducted. We have decided that there is no such thing as 'federal' aid. We know that there is no wealth to tax that is not already within the boundaries of the 48 states.

"So we propose henceforward to tax ourselves and take care of ourselves. We are fed up with subsidies, doles and paternalism. We are no one's stepchild. We have grown up. We serve notice that we will resist Washington, D. C., adopting us.

"Be it resolved by The House of Representatives of The General Assembly of the State of Indiana, The Senate concurring: That we respectfully petition and urge Indiana's Congressmen and Senators to vote to fetch our county court house and city halls back from Pennsylvania Avenue. We want government to come home. Resolved, further, that we call upon the legislatures of our sister states and on good citizens everywhere who believe in the basic principles of Lincoln and Jefferson to join with us, and we with them to restore the American Republic and our 48 states to the foundations built by our fathers.

"Adopted by House, January 13, 1947.

"Adopted by Senate, January 22, 1947."

JEFFERSON MEDICAL COLLEGE

A Philadelphia newspaper mentions Dr. Karl Habel, Rho Chapter, in connection with his work for the National Institute of Health on a tuberculosis vaccine.

"So You Want To Be A Doctor?"

By WILLIAM J. STAPLETON, JR., M. D., Associate Editor
Broadcast over Station CKLW, Detroit, Michigan, June 27, 1947

So you want to be a doctor! Well, you mustn't get the idea of a doctor's life from the movies you have seen or the stories you have read. Osler, a great doctor, once said that the master word in medicine is "work." In other words, you must work hard in order to become a doctor, and you must continue to work hard all your life.

Osler also said, "Medicine arises out of the primal sympathy of man with man, out of the desire to help those in sorrow, need, and sickness."

In order to become a doctor you must first have a liking for people and a desire to help them in body, mind, and sometimes soul. Medicine is a service profession, and its practice demands much personal sacrifice. The good physician must be unselfish, willing to deny himself for the good of others and to accommodate his hours of work to the needs of the suffering. The doctor often finds himself in uncomfortable situations and confronted by circumstances not to his liking. Yet it is his duty to adjust his reactions gracefully in order to benefit the sick. The ideal physician should have more the temperament of an artist than that of a business man.

Because of the responsibility that the physician has for the health and lives of others and because of the frequent temptations to selfishness that he must withstand, the doctor must have a strong character in which honesty, integrity, and unselfish charity are important attributes.

How does one prepare for the study of medicine? It is all regulated by law. First, eight years in the public schools. Then four years in High School. Following this, three years of College work, where you take what is known as the Premedical course. As a preliminary to application for admission to medical school, you must pass the Moss Aptitude Test or the Graduate Record Examination. Now you are ready to apply for admission to the medical school of your choice. In the State of Michigan, all applications are passed upon by a committee on admissions which evaluates not only the student's scholastic record, but his references, and his personal qualifications. The successful applicant must then have an endorsement of his application by the Michigan State Board of Medical Registration.

The medical course consists of four years of nine months. At the end of the Sophomore year and before entering the Junior year, the student must pass the Basic Science Board Examination. This is required by State Law, and is to test the student's knowledge of Anatomy, Bacteriology, Chemistry, Pathology, Physiology, and Hygiene and Public Health. After the completion of the Senior year's work, you must pass a State Board examination. Then you are required by law to do one year's work as an interne in a recognized hospital. You work under supervision in the various departments of the hospital. Then you obtain your license to practice medicine, and you may hang out your M. D. sign.

So in order to become a doctor, you spend twelve years in grade schools and high school, three to your years in college (if you have time it is well to obtain a college degree), four years in medical school and one year in a hospital, making a total of at least twenty years. In addition to the time spent in schools and hospital, there are the expenses of tuition, books, instruments, and incidentals, plus the usual living expenses. Although the cost in dollars of a medical education seems high to the student, what he pays is only a small

(See Page 13)

Priest, Physician, Teacher Enters Carthusians

The Tablet, Philadelphia, of June 28, 1947, takes note of one of Phi Rho's outstanding scholars, an alumnus of Eta Chapter.

In a move that has caused considerable surprise among scientific circles here, Rev. Thomas Verner Moore, 69-year-old professor on leave of absence from the Catholic University of America, has joined the Carthusians at the Cartuga de Miraflores foundation near Burgos, Spain, to lead the life of a hermit.

The noted American priest, doctor, philosopher and psychiatrist came to Spain less than six months ago to give a series of lectures in psychiatry at the University of Madrid.

Before coming to Spain, Father Moore, while remaining nominal head of the Catholic University's department of psychology, discontinued his active labors after almost half a century of service. He will become a professor emeritus of the university this October when he becomes 70 years old, the age of compulsory retirement.

In his unusual religious career the Catholic University professor was ordained a diocesan priest in 1901. In 1923 he became a Benedictine monk and now, 24 years later, he has joined one of the strictest monastic orders of the Church. The Carthusians, founded by St. Bruno at the Grande Chartreuse in Duphiny in 1084, lead a severe penitential life devoted chiefly to prayer and contemplation.

Father Moore was born in Louisville, Ky., in 1877; obtained a doctorate of philosophy from the Catholic University of America in 1903; studied at the University of Leipzig in 1904-05; at Georgetown University in 1912-13, and at the University of Munich in 1913-14; he received a doctorate in medicine at the Johns Hopkins University in 1915.

A practicing psychiatrist, Father Moore served as an officer in World War I, in a neuro-

logical hospital located in the Verdun region in France. He was responsible for the cure of hundreds of cases of shell-shock and other nervous disorders among the troops at the time.

Restrained and Dignified Boasting Department

Dr. Jonathan Forman, Omega, of Columbus, Ohio, past president of the Grand Chapter, former editor of the Journal and at present a member of the Executive Council, calls attention to the large number of Phi Rho's participating prominently in the activities of the House of Delegates of the American Medical Association at its Atlantic City Session, June 9-13, 1947.

The selection of Dr. R. L. Sensenich as President-Elect, the bestowal of the Distinguished Service Award upon Dr. Henry A. Christian and the choice of Dr. Paul A. Davis as president of the American Academy of General Practice are the lead stories, of course, but the entire proceedings as recorded in the minutes are just bristling with Phi Rho names. To be sure, we want to be modest at all times, but this seems to be an occasion when something must be said just to keep the record straight.

Births

Lieutenant Colonel and Mrs. Herbert H. Kerr announce the arrival of Judith Ann at Presbyterian Hospital, Philadelphia, Pennsylvania, on May 8, 1947. Dr. Kerr is an alumnus of Lambda Phi Chapter, 1938.

WAYNE UNIVERSITY

Dr. Clarence L. Candler, Epsilon, is practicing roentgenology at 2006 Eaton Tower, Detroit, Michigan. Dr. Candler is also active in medical organization work, now serving as President of the Wayne County Medical Society.

Marriages

Announcement has just been received of the marriage of Dr. Macdonald Wood, Alpha, to Janet Bliss Buxton, in Cincinnati, Ohio, on Sunday, March 9th, 1947. Dr. Wood was a delegate to the 1941 Grand Chapter Convention, and has participated actively in fraternal affairs. The Woods will make their home at 235 Goodman Avenue, Cincinnati.

"So You Want to be a Doctor?"

(Continued from Page 12)

fraction of the investment made by society in his education.

Suppose after obtaining your degree you desire to become a specialist. First you try to become a resident in some particular line where you will spend from three to five years more in the hospital and clinics.

At present in the United States there are fifteen specialty boards embracing the main specialties in Medicine. The purpose of these boards is to assist in improving the quality of graduate education in that field, to establish minimum educational and training standards in the specialty in conformity with the general program of their "essentials"; to determine whether candidates have received adequate preparation as defined by the Board, to provide comprehensive examinations to determine the ability and fitness of such candidates, and finally, to certify to the competence of those physicians who have satisfied the Board, as a protection to the public and the profession.

What are the opportunities for a young doctor? Private practice, of course. Then there are positions in industry, in hospitals, as missionary doctors in many parts of the world—they are sorely needed — the Army, Navy, the Public Health Service, the Veterans Administration, and work in research laboratories. Only a few days ago a letter was received from the Firestone Tire & Rubber Company in Liberia, Africa, asking for young doctors.

The doctor is usually a busy man who has a position of esteem among his fellow-men. He will, as a rule, make a good living, and in addition have the satisfaction of doing good to others. "Medicine," says Fishbein, " is a living, vital science, looking forward constantly to to keep abreast of an enemy that must be ever and again attacked and overcome. Modern medicine makes no promises of immortality or even of rejuvenation. It does offer the living of most lives to the maximum period of expectancy and such living with health and satisfaction." I close with a quotation from Robert Louis Stevenson:

"There are men and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Herculean cheerfulness and courage. So is it that he brings air and cheer into the sick-room, and often enough, though not as often as he wishes, brings healing."

ANESTHESIOLOGY

(Continued from Page 5)

the Department, he may have physicians or anesthetic nurses or both, under his supervision. (Since there definitely are not enough trained Anesthesiologists to supply the demand, it is still necessary to rely on anesthetic nurses. The number of such nurses is gradually diminishing and as graduates of medicine become available, I believe anesthetic nurses will be a thing of the past.) Most hospitals with a full time Anesthesiologist maintain a training program in anesthesia, either for doctors of medicine or nurses. In still other places, a doctor may have one or more nurses working for him in private practice. By far the most satisfactory arrangement in the practice of Anesthesiology is the formation of a group composed entirely of physician Anesthesiologists. By this arrangement a "call schedule" may be formulated for night calls and week-ends, thus eliminating the necessity of 24-hour telephone calls except at specified times. This allows considerably more free time.

I mentioned earlier that there were not enough Anesthesiologists to supply the demand. The following statistics may emphasize how true this is. The American Medical Association has registered 6,280 hospitals in the United States. Of these, 4,500 are general hospitals, the remainder being Orthopedic, Childrens, Tuberculosis, Ear, Nose and Throat, etc. The American Society of Anesthesiologists has only 2,400 members and many of these practice Anesthesiology only part time. There are only 337 Diplomates of the American Board of Anesthesiology. Even at the rate of one member of the American Society of Anesthesiologists per hospital, which would not be sufficient, there would still be less than half enough. Opportunities exist in the large cities and in the small towns. I believe the greater opportunity lies in the latter. In many small-town hospitals, six to ten operations are performed a day. Although these may not be the most difficult surgical procedures and may be done by general practitioners, the anesthesia is still of prime importance, especially to the patient. Fee schedules may not be as large as those in a city, but this is compensated by lower living expenses, and a very comfortable and enjoyable life may be pursued.

The qualifications required for certification by the American Board of Anesthesiology are two years training in an approved residency, and three years of practice limited to Anesthesiology. The two years of training may be obtained as a resident in a hospital or by working with a "Board Man" as a preceptor. There are numerous residencies throughout the United States in private hospitals, county hospitals and Veterans hospitals. An appointment may be obtained in almost any hospital one chooses for training. It is not necessary to be a veteran in order to receive an appointment to a residency in a Veterans Hospital. Anyone desiring information may obtain it from The American Society of Anesthesiologists, Inc., 188 W. Randolph St., Suite 209, Chicago 1, Illinois.

I do not hesitate to recommend the specialty of Anesthesiology to anyone, for I believe one is able to make a comfortable living and have time to enjoy life—and certainly the future of Anesthesiology is most promising.

The Health Officer

(Continued from Page 7)

public health personnel be recruited from physicians who comprehend the importance of quality medical service, in which a fundamental requisite is the physician - patient relationship. As our American medical care structure continues to evolve, the public health specialty must take an increasing part in the field of medical care. Indeed, degenerative diseases constitute our unmet public health needs and the solution focuses on medical care. This is a challenge to statesmanship of the highest quality and to training and professional skill which will hold the respect and confidence of the rest of the medical profession as well as the public.

Gone, then, are the days when the medically trained public health worker was a misfit or physician too old for the rigors of private practice and so was turned out to a public health pasture by a grateful community. The Committee on Professional Education of the American Public Health Association has formulated requirements for all types of public health workers. After the M. D. degree and at least one year internship, a physician devotes a period of three months to a year in a health department as an orienting experience. Then if he proves his worth and continues to maintain his interest, he is given a fellowship and sent for an academic term at one of the approved schools of public health on agreement that he will continue in public health for at least two years. At the school he has his tuition paid and receives practically the same stipend as his salary. Indeed one of the problems in the past has been the generous terms of the specialty training. Now the probation period before the academic period has been devised to prove his interest and to enable an expert in practical public health to teach him the importance of the intensive academic training he will receive.

Frequent allusion has been made to the **specialty** of public health. Negotiations are now under way to set up the appropriate American Board. This has been complicated by the fact that of recent years degrees in public health have had the effect of such a recognition. However, it is felt by many that the dignity and prestige of the specialty will be enhanced by establishment of Board certification. It

is further evidence of what one of our outstanding younger health leaders, Dr. Harold D. Chope, terms the "intellectual respectability of public health." It is also a great satisfaction to observe that the top man in each of the last two senior medical school classes at Stanford Medical school has joined the United States Public Health Service where he has been assigned to the National Institute of Health.

Thus we see an almost unlimited field of sub-specialties in public health. For their comprehensive sketch Parrans' article "Opportunities in Public Health for Physicians" in the December 22, 1945 J.A.M.A. is interesting indeed. Doctor Parran points out: "The various types of full time medical positions in public health departments include health officers, assistant health officers, epidemiologists, directors of bureaus in the field of tuberculosis and venereal disease control, laboratories, maternal and child health, industrial hygiene and in state supervision of local health administration."

Further insight can be reached by reading the program number for an annual meeting of the American Public Health Association in the American Journal of Public Health. Especially sought after are those qualified for medical specialty boards, especially the American Boards of Pediatrics, of Obstetrics and Gynecology, of Orthopedic Surgery, of Psychiatry and Neurology, of Internal Medicine (cardio-vascular disease and tuberculosis) and those who will take the additional academic public health training.

At the present time a very considerable discrepancy prevails between the income level of private practice and of public health. The American Public Health Association is taking the lead in demanding for public health workers a level of pay commensurate with their responsibilities. The Association declares for a minimum starting salary of $6,000 for the physician with internship and two years of full-time public health experience without graduate training, and $8,500 minimum with graduate training. The minimum salary should then proceed by regular increments to between $10,000 and $12,000 per year, and where responsibility is especially heavy to higher levels. Recalling that this income is **clear** and that retirement plans are continuing to develop, one feels that the situation is being righted. However, just as public health is not the place for the indolent or stupid, neither is it a career for the greedy. Like full-time teachers in medical faculties, physicians in public health never grow rich nor will their income tax surtaxes be a problem.

There are many reasons why young physicians should enter the field of public health. They are best summed up by Dr. Florence Sabin. You know that after a distinguished career on the Johns Hopkins faculty and then at the Rockefeller Institute she retired to her native Colorado. There as a harmless gesture the Governor appointed her on a committee to work with Dr. Carl Buck, Field Director of the American Public Health Association, in his survey of public health in Colorado. What was found roused Dr. Sabin in a crusade which up-ended certain political figures In one year Florence Sabin became one of the outstanding public health figures of our nation and has been acclaimed by election to the presidency of the Western Branch of the American Public Health Association. At the question and answer session which traditionally closes the annual Western Branch meeting, she was asked, "Dr. Sabin, after such a distinguished and successful medical career in teaching and research why have you gone into public health?" After a moment's thought Dr. Sabin gave a delighted grin and replied, "Why, because it's fun."

The Good Hospital*

What makes a hospital good? It surely is not its display of worldly goods—its terraced stories of brick and limestone and mortar, agleam with the brilliance of shining metal. It is not its bed capacity nor the longevity of its clinic patients. It is not the efficiency of its credit office nor the speed of its ambulance service. It is not the number of births recorded or deaths certified to by the pathologist or the square yards of film exposed to the x-ray. It is not the size of its endowments (although many a hospital could well utilize increased endowed funds while hospital costs are rising so rapidly) nor is it the size of the intern and resident staff and the complex "teaching" schedule arranged for them.

The members of a good hospital staff are composed of good doctors and, as good doctors, practice good medicine.

The member of a good hospital staff commits himself to the type of medical practice which will not bring discredit upon his fellow members. He practices his art with purity and with holiness —in the wording of the Hippocratic Oath. He eschews the shady and the gaudy, the slipshod and the irrelevant, knowing that these aberrations accomplish nothing for the betterment of his patient, the increase of his professional stature or the professional repute of the hospital staff of which he is a member.

The good hospital is staffed with men of this spirit.

---

*Reprinted from the Detroit Medical News. The author, Editor William Bromme, 318 Professional Building, Detroit, is a practicing urologist. He is also a member of the Executive Council of Phi Rho Sigma, Chairman of the Committee on Publications.

OHIO STATE UNIVERSITY

Dr. Earl Baxter, Omega, of Columbus, Ohio, was the discussant of the topic "Psychotherapy in Pediatrics," before the Section on Pediatrics, at the meeting of the American Medical Association in Atlantic City.

Chapter Eternal

The Moline Dispatch of June 23rd, 1497, records the death of Dr. George Hauberg, Mu, who has practiced in Moline since 1913. He was a graduate of Northwestern University in the class of 1911 and served his internship at Michael Reese Hospital, Chicago.

"Dr. Hauberg was considered a leader in his profession and was widely known in medical circles in Illinois as a conscientious, capable physician."

Dr. H. M. Gibson, Moline, Illinois, Gamma, died March 15, 1947, from hypertensive vascular disease.

Dr. John Andrews, Longmont, Colorado, Psi, died January 4, 1947.

Dr. William C. Meecham, Chicago, Illinois, Beta, died February 10, 1947.

Ranson Wight Luce, 1958 Madison Avenue, South East, Grand Rapids, Michigan, died on May 2, 1947. He graduated from Detroit College of Medicine in 1906, where he was president of Epsilon Chapter. He was very active in Masonic circles; past Commander of De Molia Commandery No. 5 Knights Templar, F. & A. M. Information was received from his widow, Mrs. Luce, who will now reside in Orlando, Florida.

Paul W. Winder, 1006 Highland Avenue, Shreveport, Louisiana, Zeta Chapter, died on May 5, 1947.

"All men have an equal right to the free development of their faculties; they have an equal right to the impartial protection of the state; but it is not true, it is against all the laws of reason and equity, it is against the eternal nature of things, that the indolent man and the laborious man, the spendthrift and the economist, the imprudent and the wise, should obtain and enjoy an equal amount of goods."

—Victor Cousin:
"Justice et charite," 1848.

DON'T SELL AMERICA SHORT

President Geo. S. Benson of Harding College, Searcy, Arkansas, is one educator who does not limit his activities to the classroom. He believes sincerely in the American way of life and devotes considerable time and energy to spreading the gospel of success by way of hard work, thrift and individual responsibility. The Harding College Monthly Letter for January carries this gem:

PATTERN FOR PROSPERITY

Switzerland is a small country without seacoast, without natural resources, without enough fields to produce her necessary food. The non-homogeneous people — one part speaking German, another French, and a third, Italian, add to her domestic difficulties.

Under these conditions Switzerland should naturally be expected to be one of the very poorest nations in Europe. On the contrary, however, Switzerland had before the war, and has yet, the highest per capita wealth in Europe. This little country pays the best wages known in Europe and maintains the best living conditions for her workers. Why? How?

Why should a people with the least possibilities come out with the highest average wealth, highest wages, and best living conditions? Simply because Switzerland has the right formula for prosperity, plus the will to make the formula work. Switzerland is proof to the world that any nation can have prosperity. There are just three requirements.

1. Switzerland has a real republic, through which the citizens reserve to themselves real individual freedom. Nearly all laws touching the lives of the people are made locally in districts called "cantons," corresponding roughly to our states. Even the amount of income tax to be paid by the people of each canton is decided locally. Political responsibility is a reality. And real freedom of individual opportunity exists.

2. Switzerland has the right type of economy. All industry is privately owned and operated. Individual ownership of property is encouraged and protected. A high percentage of people own their own homes and their farms. Thrift is encouraged by both the local and national governments.

3. Switzerland has equal responsibility placed by law upon both labor and capital. Industrial peace is encouraged, both by local and national government. Industrial cooperation prevails throughout the nation.

Switzerland is living proof that these three conditions will bring prosperity to any country, regardless of the quantity of its natural resources. The Swiss do not put the eye of aggression on their neighbors, in a search for "living room." Content with their own mountains, they have found that the resources of individual freedom, sane economy, and hard work can give them all they want. These moral resources the Swiss call their own.

France, adjoining, with plenty of natural resources and abundant fertile fields, should now be the most prosperous country in Europe. Instead, she is one of the poorest. Her socialistic form of government, her nationalism of industry and her industrial chaos have made prosperity impossible, despite natural resources. France hasn't the right formula.

America, for 150 years, has had the right formula. In our own land we have achieved the highest wages and the best general living standards ever known. We have had the natural resources. But more important, we have treasured these same moral resources that have made the Swiss great. We have had freedom of opportunity. We have made the formula work. Shall we keep the formula and keep prosperity, or desert the formula and revert to mediocrity for everybody?

CENSOR MEDICINÆ

(Continued from Page 11)

● The solution to the problem of the diminishing general practitioner is not so difficult. Let all the Specialty Boards require three to five years of general practice before a man can be admitted to a residency in the various branches of medicine. The medical schools and the teaching hospitals can lengthen the terms of the present residents proportionately until the first group of more mature, and certainly, better prepared ex-general practitioners arrive. In this way, the country, and the medical profession will be better served.

● Who is better prepared to properly treat a human being than a physician who has had to depend upon his own resources in general practice, with a quizzical family standing around the sick bed? A few years of that type of training in handling the sick is an excellent preparation for the beginning of a residency in the specialties. A first hand knowledge of human nature and of human relations, and of the responsibility of a physician for a patient is the first step in the path to good medicine.

● Make your medical school and your medical fraternity the first solid foundations of your later professional life. Keep close contact with each. One taught you medicine, and the other taught you how to study and to work with your chosen brothers. You owe them both a debt which years of friendly association and interest in their activities alone can repay.